

08/15/01



jc093 U.S. PTO

09/930563

Please type a plus sign (+) inside this box → ☐PTO/SB/05 (4/98)  
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	1965.019
	First Inventor or Application Identifier	William T. Bodenhamer
	Title	METHOD AND APPARATUS FOR SELECTIVE BIOLOGICAL MATERIAL DETECTION
	Express Mail Label No.	EL824281925US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages <b>37</b> ] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul>	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>8</b> ]	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: _____	
4. Oath or Declaration [Total Pages <b>2</b> ] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li></ul></li></ul>		
<b>* NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b>		

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No: **09 / 550779**  
Prior application information: Examiner: **Chen, C.** Group / Art Unit: **1641**

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>17. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>21917</b> or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)					
Name	McHale & Slavin, P.A.				
Address	4440 PGA Blvd Suite 402				
City	Palm Beach Gardens	State	FL	Zip Code	33410
Country	United States	Telephone	561-625-6575	Fax	561-625-6572

Name (Print/Type)	Michael A. Slavin	Registration No. (Attorney/Agent)	34,016
Signature		Date	8/15/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL for FY2001

Date: 08/15/01

Total Amount DUE: \$ 355.00

Application Number : N/A

Filing Date : N/A

First Named Inventor: William T. Bodenhamer

Group Art Unit : N/A

Examiner Name : N/A

Attorney Docket No. 1965.019

## METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge the filing fees and any additional fees to:

Deposit:

Account No. \_\_\_\_\_

Deposit

Account Name: \_\_\_\_\_

☐ Charge any additional ☒ Applicant claims small  
Fee required under entity status. See. 37 CFR  
37 CFR 1.15 and 1.17 1.27

## FEE CALCULATION (continued)

3. ADDITIONAL FEES:

Large Entity		Small Entity		FEE DESCRIPTION	
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)		
105	130	205	65	Surcharge - late filing fee/oath	_____
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	_____
139	130	139	130	Non-English specification	_____
147	2520	147	2520	For filing a Request. for Exam.	_____
112	920*	112	920*	Req. publication of SIR prior Examiner Action	_____
115	110	215	55	Extension - first month	_____
116	390	216	195	Extension - second month	_____
117	890	217	445	Extension - third month	_____
118	1390	218	695	Extension - fourth month	_____
128	1890	228	945	Extension - fifth month	_____
119	310	219	155	Notice of Appeal	_____
120	310	220	155	Brief in support of Appln.	_____
21	270	221	135	Req. for Oral Hearing	_____
138	1510	138	1510	Petition to Institute Public Use Proceeding	_____
140	110	240	55	Pet. to revive - unavoidable	_____
141	1240	241	620	Pet. To revive - unintentional	_____
142	1240	242	620	Utility Issue Fee	_____
143	440	243	220	Design Issue Fee	_____
144	600	244	300	Plant Issue Fee	_____
122	130	122	130	Petitions to Commissioner	_____
123	50	123	50	Petitions re: Provisional	_____
126	180	126	180	Sub. Of Infor. Discl. Stm.	_____
581	40	581	40	Record. Patent Assign. Per property	_____
146	710	246	355	Filing a Submission After Final rejection (37 CFR .129(a)	_____
149	710	249	355	For each addnl. invention to be examined (37 CFR 1.129(b)	_____
				Other fee (specify)	_____

2. ☒ Payment Not submitted

☐ Check ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. FILING FEE

Large Entity		Small Entity		FEE DESCRIPTION/FEE PAID	
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)		
101	710	201	355	Utility filing fee	355
106	320	206	160	Design filing fee	_____
107	490	207	245	Plant filing fee	_____
108	710	208	355	Reissue filing fee	_____
114	150	214	75	Provisional filing fee	_____
				<b>SUBTOTAL(1)</b>	<b>\$355.00</b>

Fee from

2. CLAIMS Extra below Fee Paid

Total Claims 1 - 20 = -- x 9 = \$ --

Independent 1 - 3 = -- x 40 = \$ --

Multiple Dep --- x --- = \$ --

Claims

Large Entity		Small Entity		FEE DESCRIPTION	
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)		
103	22	203	11	Claims in excess of 20	_____
102	82	202	41	Ind. Claims in excess of 3	_____
104	270	204	135	Mult. Dependent claim	_____
109	82	209	41	Reissue Independent Claims over Original Patent	_____
110	22	210	11	Reissue Claims in excess	_____

20 and over original patent

FEE SUBTOTAL(2) \$ 355.00 \*Reduced by Basic filing fee SUBTOTAL(3) SUBMITTED

BY: Michael A. Slavin

Typed or printed Name: Michael A. Slavin Reg. No. 34,016

Signature: \_\_\_\_\_ Date: 08/15/01 Dep. Acct.: \_\_\_\_\_

CERTIFICATE OF EXPRESS MAIL**Express Mail Mailing Label: EL824281925US**

I HEREBY CERTIFY that the following correspondence: I HEREBY CERTIFY that the following correspondence:

**UTILITY APPLICATION (specification, claim & 8 sheets of drawings); INCLUDING FEE TRANSMITTAL; UTILITY PATENT TRANSMITTAL; DECLARATION;** regarding application entitled: METHOD AND APPARATUS FOR SELECTIVE BIOLOGICAL MATERIAL DETECTION is being deposited by ***EXPRESS Mail Mailing Certificate; RETURN-RECEIPT postcard to:***

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

on AUGUST 15, 2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code.

MCHALE & SLAVIN, P.A.  
4440 PGA BLVD. SUITE 402  
PALM BEACH GARDENS, FL 33410  
(561) 625-6575



Erin P Monahan  
Patent Agent Prov. Reg. # P48,804

1965.019 "CERTIFIED"